

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Masaaki HORI

Group Art Unit: 2626

Application No.: 09/527,453

Examiner:

M. Burleson

Filed: March 17, 2000

Docket No.:

105637

For:

COMMUNICATION APPARATUS AND STORAGE MEDIUM

RECEIVE

<u>AMENDMENT</u>

MAY 2 4 2004

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Technology Center 2600

Sir:

In reply to the February 17, 2004 Office Action, please consider the following:

Amendments to the Claims as reflected in the listing of claims; and

Remarks.

05/17/2004 YPOLITE1 00000064 09527453

01 FC:1201 02 FC:1202

86.00 OP 18.00 OP

2626

PATENT APPLICATION

OLIFF & BERRIDGE, PLOP P.O. Box 19928

Alexandria, Virginia 22320 & TRADE

Telephone: (703) 836-6400 Facsimile: (703) 836-2787

AMENDMENT TRANSMITTAL

Attorney Docket No.: 105637

In re the Application of

Masaaki HORI

Group Art Unit:

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Alexandria, VA 22313-1450 Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Entitlement to small entity status is hereby asserted.
- Small entity status of this application has been established.

The filing fee has been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL CLAIMS	*21 MINUS	**20	=1	
INDEP CLAIMS	*6 MINUS	***5	=1	
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

ADD'L Ω RATE FEE x 9 \$
x 9 \$
x 43 \$
+145 \$
\$

OTHER THAN A SMALL ENTITY				
OR	RATE	ADD'L FEE		
	x 18	\$18.00		
	x 86	\$86.00		
ΩR	+290	\$		
		\$104.00		

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Check No. 153959 in the amount of \$104.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted.

James A. Oliff

Registration No. 27,075

Linda M. Saltiel

Registration No. 51,122

JAO:LMS/mlv

Date: May 14, 2004